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PTO/SB/05
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1-525 U.S. PTO

Please type a plus sign (+) inside this box → ☒

Approved for use through 09/30/2000. OMB 0651-0036

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UTILITY PATENT APPLICATION TRANSMITTAL	
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	
Attorney Docket No. WELL0027 First Inventor or Application Identifier Maquder et al. Title Home Asset Management Account Express Mail Label No. EL540887653US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) [Total Pages 90]		6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
- Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration [Total Pages 2]		7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) <input checked="" type="checkbox"/>	
a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)		8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		9. <input type="checkbox"/> English Translation Document (if applicable)	
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
15. <input type="checkbox"/> Other: _____		11. <input type="checkbox"/> Preliminary Amendment	
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		13. <input type="checkbox"/> Small Entity Statement filed in prior application, (PTO/SB-00-12) Status still proper and desired	
14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		15. <input type="checkbox"/> Other: _____	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____ / Group / Art Unit.

Prior application information: Examiner _____

FOR CONTINUATION OR DIVISIONAL APPS ONLY: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 22862 (Insert Customer No. or Attach bar code label here) or ☐ Correspondence address below

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Telephone _____ Fax _____

Name (Print/Type) Michael A. Glenn Registration No. (Attorney/Agent) 30,176

Signature _____ Date 2/7/02

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 1,506.00

Complete if Known

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Magruder et al.
Examiner Name	Unassigned
Group / Unit	Unassigned
Attorney Docket No.	WELL0027

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 07-1445

Deposit Account Name Glenn Patent Group

☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	740.00
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$ 740.00

2. EXTRA CLAIM FEE

Total Claims	Extra Claims	Fee from	Fee Paid
37	20** = 17	18	306
Independent Claims	8	3** = 5	84
Multiple Dependent			420

**For number previously paid, if greater, For Reissues, see below

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 726.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reassue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	780	246	380	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____					
Other fee (specify) _____					
SUBTOTAL (3) (\$ 40.00					

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type) Michael A. Glenn

Registration No. (Attorney/Agent) 30,176

Complete (if applicable)

Telephone 650-474-8400

Signature

Date 2/7/02

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